

Replying to Request for Civil Restraining Order

These questions are asked on a number of forms. If you enter the information here, it can save you time. As you go through the forms, you can ask the self-help center staff for more help.

Your Full Name:

Your Street Address:

Your City: State: Zip:

Your Telephone Number: Area Code: Number:

Requesting Person's Full Name:

Court Name:

Court Street Address:

Court Mailing Address:

Court City, State, and Zip:

Branch Name:

Clerk stamps date here when form is filed.

1 Name of person who asked for the order:

2 Your name:

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):City:

 State:

 Zip:

Your telephone (*optional*): (

)

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:**Use this form to give the court your answers to CH-100**

- Read Form CH-151 to protect your rights.
- Fill out this form and then take it to the court clerk.
- Serve the person in **①** with a copy of this form and any attached pages.

3 ☐ **Personal Conduct Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*):

The court will consider your Answer at the hearing.
Write your hearing date and time here:**Hearing
Date**Date:

 Time:

Dept.:

 Room:

You must obey the court's orders until the hearing. If you do not come to this hearing, the court may make the orders requested against you last for up to 3 years.**4** ☐ **Stay Away Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*):

5 ☐ **Turn In Guns or Other Firearms**

- a. ☐ I do not own or have any guns or firearms.
- b. ☐ I agree to the order requested.
- c. ☐ I do not agree to the order requested.
- d. ☐ I agree to the following order (*specify*):

6 ☐ **Other Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested.
- c. ☐ I agree to the following orders (*specify*):



Your name: _____

7 ☐ **Emotional Distress**

- a. ☐ The person in ① has not suffered emotional distress. (*Explain*): _____

- b. ☐ A reasonable person in the same position as the person in ① would not have suffered emotional distress. (*Explain*): _____

- c. ☐ If the person in ① has suffered any emotional distress, it is not because of what that person has accused me of doing. (*Explain*): _____

8 ☐ **Purpose of Actions**

What I did to the person in ①—if anything—was not done on purpose.

9 ☐ **Denial**

- a. ☐ I did not do anything described in ⑥ of Form CH-100. (*Skip to ⑪.*)
- b. ☐ I did some or all of the things described in ⑥ of Form CH-100. (*Explain in ⑩–⑪.*)

10 ☐ **Reason or Excuse**

I have done some or all of the things the person in ① has accused me of, but:

- a. ☐ What I did was legal. (*Explain*): _____

- b. ☐ I had a good reason for doing these things. (*Explain*): _____

- c. ☐ I have other reasons to justify what I did. (*Explain*): _____

11 ☐ **The court should not make an order against me because:** (*List facts or reasons below*):

- ☐ Check here if you need more space. Attach a sheet of paper and write “CH-110, Item 11—Facts and Reasons” at the top. Give specific facts and reasons.



Case Number:

Your name: _____

12 ☐ **No Fee for Filing**

I ask the court to waive the filing fee because the person in ① claims that I have used or threatened to use violence against them or have acted in some other way that would make them reasonably fear violence.

13 ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

a. ☐ Lawyer's fees

b. ☐ Out-of-pocket expenses

because the temporary restraining order was issued without enough supporting facts.

The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

14 ☐ **Other Relief**

I ask for additional relief as may be proper.

15 Number of pages attached to this form, if any: _____

Date: _____

Attorney's name

► _____
Attorney's signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name

► _____
Sign your name

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (*Specify*):

① Name of person asking for protection:

② Your name:

Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

City: _____ State: _____ Zip: _____

Your telephone (optional): (_____) _____

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

③ **To the person selling or turning in firearms:**

If the court has ordered you to sell or turn in your firearms, you may use this form to prove to the court that you have obeyed its orders. When you deliver your unloaded weapons, ask law enforcement or the licensed gun dealer to complete item ④ or ⑤ and item ⑥. After the form is signed, file it with the court clerk. Keep a copy for yourself. For help, read Form CH-151.

④ **To: Law Enforcement**

Fill out items ④ and ⑥ of this form. Keep a copy and give the original to the person who turned in the firearms.

The firearms listed in ⑥ were turned in on:

Date: _____ at: _____ ☐ a.m. ☐ p.m.

To: _____
Name and title of law enforcement agent

Name of law enforcement agency

Address

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.



Signature of law enforcement agent

⑤ **To: Licensed Gun Dealer**

Fill out items ⑤ and ⑥ of this form. Keep a copy and give the original to the person who sold the firearms to you.

The firearms listed in ⑥ were sold on:

Date: _____ at: _____ ☐ a.m. ☐ p.m.

To: _____
Name of licensed gun dealer

License number (_____)
Telephone

Address

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.



Signature of licensed gun dealer

Your name: _____

Case Number: _____

6	Firearms Make	Model	Serial Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

☐ Check here if you turned in or sold more firearms. Attach a sheet of paper and write "CH-145, Item 6—Firearms Turned In or Sold" at the top. Include make, model, and serial number for all firearms.

7 Do you have, own, possess or control any other firearms besides the firearms listed in 6 ? ☐ Yes ☐ No

8 If you answered yes to 7 , have you sold or transferred those other firearms? ☐ Yes ☐ No
If yes, check one of the boxes below:

- ☐ a. I filed the *Proof of Firearms Turned In or Sold* for those firearms with the court on (date): _____
- ☐ b. I am filing the Proof for those firearms along with this Proof.
- ☐ c. I have not yet filed the Proof for the other firearms. (*Explain why not*): _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name

► _____
Sign your name

Clerk stamps date here when form is filed.

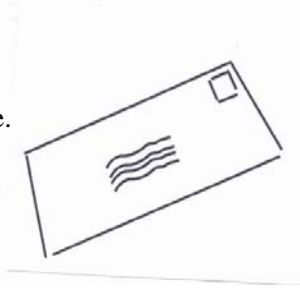
1 Name of person asking for protection:

2 Your name:

3 **Notice to Server**

The server must:

- Be over 18 years of age.
- Be a resident or employed in the county where the mailing took place.
- Not be a party in the case.
- Mail a copy of all documents checked in 4 to the person in 1. Complete and sign this form and give it to the person in 2.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

PROOF OF SERVICE BY MAIL

4 I am over 18 years of age and am a resident or employed in the county where the mailing took place. I mailed the person in 1 a copy of all documents checked below:

- a. ☐ CH-110, *Answer to Request for Orders to Stop Harassment*
- b. ☐ Other (*specify*):

5 I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Mailed from (City): _____ (State): _____
- b. On (Date): _____
- c. To this Address: _____
City: _____ State: _____ Zip: _____

6 **Server's Information**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print server's name

Server to sign here

What is a Civil Harassment Restraining Order?

It is a court order.

What does the order do?

The court can order you to:

- Not contact the person who asked for the order
- Stay away from that person and the person's home and workplace
- Not have any guns while the order is in effect

Who can ask for a Civil Harassment Restraining Order?

A person who is worried about safety because they are being:

- Stalked
- Harassed
- Sexually assaulted *or*
- Threatened with violence

How long does the order last?

If the Court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to 3 years.

What if I don't obey the order?

The police can arrest you. You can go to jail and pay a fine.

What if I do not agree with what the order says?

You still must obey the order until the hearing.

If you disagree with the orders the person is asking for, fill out Form CH-110 before your hearing date and file it with the court.

Do I have to serve the other person with a copy of my answer?

Yes. Have someone—other than yourself—mail a copy of completed Form CH-110 to the person who asked for the order (or that person's lawyer). (This is called "Service.")

The person who serves the form by mail must fill out Form CH-131, *Proof of Service by Mail*. Make a copy of the proof of service and file it with the court clerk.

Should I go to the court hearing?

Yes. Go to court on the date listed on Form CH-120. If you do not go to court, the judge can make orders without hearing from you.

CH-120 Notice of Hearing and Temporary Restraining Order		Clerk stamps date here when form is filed
1 Name of person asking for protection: _____ Address (skip this if you have a lawyer: (If you want your address to be private, give a mailing address instead): _____ City: _____ State: _____ Zip: _____ Your telephone number (optional): (_____) _____ Your lawyer (if you have one) (Name, address, telephone number, and State Bar number): _____ _____ _____		Fill in court name and street address: Superior Court of California, County of _____ Court fills in case number when form is filed Case Number: _____
2 Name of person to be restrained: _____ Description of that person: Sex: <input type="checkbox"/> M <input type="checkbox"/> F Height: _____ Weight: _____ Race: _____ Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____ Home Address (if known): _____ City: _____ State: _____ Zip: _____ Work Address (if known): _____ City: _____ State: _____ Zip: _____		
3 Notice of Hearing A court hearing is scheduled on the request for orders against you to stop harassment: Name and address of court if different from above: Hearing Date: _____ Date: _____ Time: _____ Dept: _____ Rm.: _____		
If you do not want the court to make orders against you, file Form CH-110. Then go to the hearing and tell the court why you disagree. You may bring witnesses and other evidence. If you do not go to this hearing, the court may make restraining orders against you that could last up to 3 years.		
4 Court Orders The court (check a or b): a. <input type="checkbox"/> Has scheduled the hearing stated in 3. No orders are issued against you at this time. b. <input type="checkbox"/> Has scheduled the hearing stated in 3 and has issued the temporary orders against you specified on page 2. If you do not obey these orders, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.		
This is a Court Order.		
<small>Judicial Council of California, www.courtinfo.ca.gov Revised January 1, 2005. Replaces Form CH-120, 1995. Code of Civil Procedure, §§ 52.7 and 52.8 Approved by DCS.</small>		

Do I need a lawyer?

No. But it is a good idea. Ask the court clerk about legal services and self-help centers in your county.

Will I see the person who asked for the order at the court hearing?

If the person goes to the hearing, yes. Do not talk to that person unless the judge says you can.

Can I bring a witness to the court hearing?

Yes. You can bring witnesses or documents that support your case. But if possible, you should also bring the witnesses' written statements of what they saw or heard to the hearing. Their statements must be made under penalty of perjury. You can use Form MC-030 for this.

Can I bring someone with me to court?

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You cannot ask a child under 18 to interpret for you.

What if I am deaf?

If you are deaf, contact the clerk at least 5 days before the hearing. (See information on Requests for Accommodations below.)

Need more information?

Ask the court clerk about free or low-cost legal help.

For help in your area, contact:

[Local information may be inserted]

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (Form MC-410). (Civil Code, § 54.8)



INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS (California Rules of Court, rule 985)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,791.66
7	3,145.83
8	3,500.00
Each additional	354.16

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: \$ _____
- b. **My payroll deductions are (specify purpose and amount):**
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ _____
- c. My monthly take-home pay is (a. minus b.): \$ _____
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**
(c. plus d.): \$ _____
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
(a. plus d. plus f.): \$ _____
10. **I own or have an interest in the following property:**
- a. Cash \$ _____
- b. Checking, savings, and credit union accounts (list banks):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):
\$ _____
11. **My monthly expenses not already listed in item 9b above are the following:**
- | | |
|---|----------|
| a. Rent or house payment & maintenance | \$ _____ |
| b. Food and household supplies | \$ _____ |
| c. Utilities and telephone | \$ _____ |
| d. Clothing | \$ _____ |
| e. Laundry and cleaning | \$ _____ |
| f. Medical and dental payments | \$ _____ |
| g. Insurance (life, health, accident, etc.) | \$ _____ |
| h. School, child care | \$ _____ |
| i. Child, spousal support (prior marriage) | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ _____ |
| k. Installment payments (specify purpose and amount): | |
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
- The TOTAL amount of monthly installment payments is: \$ _____
- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____
- m. Other expenses (specify):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| (5) _____ | \$ _____ |
- The TOTAL amount of other monthly expenses is: \$ _____
- n. **MY TOTAL MONTHLY EXPENSES ARE**
(add a. through m.): \$ _____
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

- | |
|--|
| NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider. |
| WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs. |

Form Adopted for Mandatory Use
Judicial Council of California
982(a)(18) [Rev. January 1, 2003]

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)

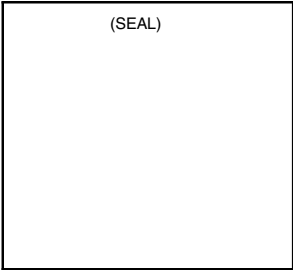
PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): , California, on (date):

	Clerk, by _____, Deputy
<div></div>	<div></div>
<div></div>	<div></div>



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy